

Consent for Sex Offender Registration Status and Criminal Background Check

Adult Name: _____

Head of Household Name: _____

Household Entity ID#: _____

Background checks for lifetime sex offender status must be conducted on all adult household members at the time of new admission, when adding an adult household member, and at the time of a family's regular reexamination.

Adult household members may also be screened for other criminal convictions that occurred within the last three years, such as illegal drug and/or violent criminal activities. Your family may be provisionally approved for Section 8 housing assistance programs administered by the Santa Clara County Housing Authority (SCCHA) pending verification of the criminal background check. If a household member is found to be a lifetime registered sex offender, or have any history of illegal drug activity, violent criminal history, or other criminal history, that particular applicant will be denied admission, and/or may be terminated from the Section 8 housing assistance program.

My signature below authorizes SCCHA to conduct a nation-wide criminal background check as follows:

- SCCHA may contact any law enforcement agency (including California Department of Justice) directly or through a third-party to request release of criminal conviction records to SCCHA in accordance with 24 CFR 5.903 and 5.905.
- SCCHA will use the records to determine program eligibility in accordance with 24 CFR 5.903 and 5.905.

Signature: _____ Date: _____

Please print clearly

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ Unit #: _____

City/State/Zip: _____

If you have lived at the address above for less than 12 months, please provide your previous address:

Street Address: _____ Unit #: _____

City/State/Zip: _____

This area for Santa Clara County Housing Authority use only

Date of Dru Sjodin check (if applicable): _____ ☐ Pass ☐ Fail

Date submitted to My FBI Report: _____

Date My FBI Report results reviewed: _____ ☐ Pass ☐ Fail

SCCHA Signature: _____ Date: _____